## RATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled RADAR REFLECTING RESCUE APPARATUS the specification of which was filed on \_\_\_\_\_ as United States Application Number or PCT International Application Number is attached hereto × (check one) and was amended on I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56. I hereby claim foreign priority benefits under Title 35, United States Code §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT inernational application which designated at least one country other than the United States of America, listed below and have also indentified below any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed. Certified Copy Attached? Priority Prior Foreign Application Country Foreign Filing Date Not Claimed No Number(s) I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below. Filing Date (MM/DD/YYYY) Application Number(s) I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s), or §365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulation, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application Parent Patent Number Parent Filing Date Parent Application PCT Parent Number (MM/DD/YYYY) (if applicable) Number POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number), and hereby certify that the Government of the United States has the irrevocable right to prosecute this application: L. Forrest, Jr., Reg. No. 29,378; Jacob Shuster, Reg. No. 19,660; Howard Kaiser, Reg. No. 31,381; Steven Crabb, Reg. No. 46,092 Office of Counsel Code 004 Direct Telephone Calls to: SEND CORRESPONDENCE TO: Naval Surface Warfare Center Steven Crabb Carderock Division (301) 227-1834 9500 MacArthur Boulevard West Bethesda, MD 20817-5700 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. Full name of sole or first inventor Gary L. Miller Inventor's signature 12417 St. James Road, Rockville, Maryland 20850 Residence Citizenship U.S.A 12417 St. James Road, Rockville, Maryland 20850 Post Office Address Full name of second inv

Inventor's signature

Post Office Address

Residence \_ Citizenship U.S.A.

1034 U

Umstead Circle, Arnold, Maryland 21012

1034 Ulmstead Circle, Arnold, Maryland 21012